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Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE  
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|                             |                                   |              |                        |                                      |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>09/491,302 | FILING DATE<br>01/25/2000<br>RULE | CLASS<br>257 | GROUP ART UNIT<br>2811 | ATTORNEY<br>DOCKET NO.<br>55271USA6A |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*ESX* *none*  
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*ESX* *none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED ..**

\*\* 04/06/2000

|                                 |   |                        |                     |                    |                         |
|---------------------------------|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <i>no</i>  | STATE OR COUNTRY<br>TX | SHEETS DRAWING<br>4 | TOTAL CLAIMS<br>26 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>allowable subject matter</i> |                        |                     |                    |                         |
| Verified and Acknowledged       | <i>[Signature]</i>  | Examiner's Signature   | Initials            |                    |                         |

**ADDRESS**

3M Innovative Properties Company  
 Office of Intellectual Property Counsel  
 P. O. Box 33427  
 St. Paul, MN 55133-3427

**TITLE**

Electronic package with integrated capacitor

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>928 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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